ARIZONA STATE	E BOARD OF HEALTH
BUREAU OF	VITAL STATISTICS REGISTERED NO. REGISTERED NO.
ounty Gilw	State ariona
istrict or Township	or Village
ity No. (If birth	St. Ward occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Rosemery A	at Chillips [If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY 4. Twin, Triplet or of in event of plural births. 5. No., in order of bir	1 less 7. Date of birth two. 16, 118
ull name Key Tilvell Phellips	14. Pull maiden name Cisabeth Eckel
Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
). Color or race 11. Age at last birthday	16 Color or race 17. Age at last birilida 2 9 (Years)
3. Birthplace (city or place) Key mile Mey Mey Mey	18. Birthplace (city or place) Wheeling
(State or country)	(State or country) 19. Occupation
Nature of industry	Nature of industry
1	ve and now living 21. Were precautions taken against oph-
Taken as of time of birth of child herein (b) Born alivertified and including this child.) (c) Stillborn	ve but now dead
CERTIFICATE OF ATTENDED TO THE CONTROL OF THE CO	and Physician or Midwife* 5: 20 P. on the date above stated
*When there was no attending physician or midwife, then the father, householder,	(Born alive or stillborn.)
tc., should make this return. A stillborn hild is one that neither breathes nor hows other evidence of life after birth.	Physician (Physician or midwife).
iven name added from supplemental report	
Month, day, year 7/12-116-550 Registrar Filed	18 1928 J. E. Wightman